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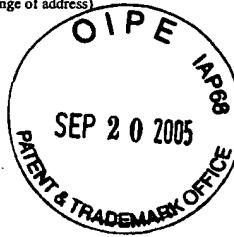
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

08/26/2005

Esther H. Chong, Esquire  
 Synnestvedt & Lechner LLP  
 2600 Aramark Tower  
 1101 Market Street  
 Philadelphia, PA 19107-2950  
 09/22/2005 RECEIVED 00000128 090457 09864719

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09864719	05/24/2001	Brian L. Brinker	RSW920010023US1	2801

**TITLE OF INVENTION: METHOD AND SYSTEM FOR SYSTEMATICALLY DIAGNOSING DATA PROBLEMS IN A DATABASE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WONG, LESLIE	2167	707-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Synnestvedt & Lechner LLP

2 John R. Pivnichny

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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- Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0457 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mark D. Simpson

Date SEPT. 14, 2005

Typed or printed name Mark D. Simpson

Registration No. 32,942

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